

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF BEHAVIORAL HEALTH SERVICES  
DIVISION DOCUMENT REVISION NOTICE**

The Arizona Department of Health Services/Division of Behavioral Health Services has revised the below referenced document(s), indicated by **BOLD** print and the symbol **[X]**. The attached memorandum includes a detailed description of the changes impacting the selected document(s). The revised document(s) will be posted to the ADHS/DBHS website on or around May 2, 2005. Please direct any questions regarding this Division document revision notice to Johnna Malici at (602) 364-4652 or via electronic mail at [malicij@azdhs.gov](mailto:malicij@azdhs.gov).

<b>DIVISION DOCUMENT</b>	ADHS/DBHS PROVIDER MANUAL	ADHS/DBHS POLICY AND PROCEDURES MANUAL	ADHS/DBHS PROGRAM SUPPORT PROCEDURES MANUAL	<b>ADHS/DBHS COVERED BEHAVIORAL HEALTH SERVICES GUIDE</b>
<b>REVISION [X]</b>				<b>[X]</b>
<b>DIVISION DOCUMENT</b>	CLIENT INFORMATION SYSTEM (CIS) FILE LAYOUT AND SPECIFICATIONS MANUAL	OFFICE OF GRIEVANCE AND APPEALS DATABASE MANUAL	ADHS ACCOUNTING AND AUDITING PROCEDURES MANUAL	FINANCIAL REPORTING GUIDE FOR REGIONAL BEHAVIORAL HEALTH AUTHORITIES
<b>REVISION [X]</b>				
<b>DIVISION DOCUMENT</b>	ADHS/DBHS QUALITY MANAGEMENT/UTILIZATION MANAGEMENT PLAN	ADHS/DBHS PREVENTION FRAMEWORK FOR BEHAVIORAL HEALTH	AHCCCS MEDICAL POLICY MANUAL-CHAPTERS 900 AND 1000	ADHS/DBHS STRATEGIC PLAN
<b>REVISION [X]</b>				
<b>DIVISION DOCUMENT</b>	ADHS/DBHS CULTURAL COMPETENCE PLAN	ADHS/DBHS CLINICAL GUIDANCE DOCUMENTS	TITLE XIX CHILDREN'S BEHAVIORAL HEALTH ANNUAL ACTION PLAN	
<b>REVISION [X]</b>				

**Arizona Department of Health Services  
Division of Behavioral Health Services  
Memorandum**

**Date:** May 2, 2005  
**To:** Stakeholders  
**From:** Johnna Malici, Policy Office Manager  
**Re:** **Final Changes to the ADHS/DBHS Covered Behavioral Health Services**

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The following is a summary of the final revisions to the ADHS/DBHS Covered Behavioral Health Services Guide, Version 5.5, which will become effective and posted to the ADHS/DBHS website on or around May 2, 2005. Please note that the Memorandum distributed on April 1, 2005, included **PROPOSED** changes to the guide. The changes described in this memorandum represent the **FINAL** changes that are to be implemented by Tribal and Regional Behavioral Health Authorities and their contracted behavioral health providers.

Section II. A. 3. Other Professional:

1. Replace service codes 97780, Auricular Acupuncture without Stimulation, and 97781, Acupuncture with Stimulation with the following service codes:
  - 97810 –Acupuncture, one or more needles, without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient.
  - +97811 –each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s).
  - 97813 –Acupuncture, one or more needles, with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient.
  - +97814 –each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s).

REPLACE PAGES: 37-49

Section II. C. 4. Electro-Convulsive Therapy:

1. Insert the following Current Procedural Terminology (CPT) code under Electro-Convulsive Therapy (ECT): Anesthesia for ECT (00104).

REPLACE PAGES: 69 –70

Section II. D. 1. Case Management:

1. Under Billing Limitations, amend the third bullet point under item 6 as follows: “Indirect contact includes telephone calls, picking up and delivering medications, and/or collateral contact with the person, family and/or other involved parties.”

2. Under Billing Limitations, add item 7: “When a provider is picking up and dropping off medications for more than one behavioral health recipient, the provider must divide up the time spent and bill the appropriate case management code for each involved behavioral health recipient.”

REPLACE PAGE: 76

Section II. D. 4. Self-Help/Peer Services (Peer Support):

1. Under the general definition, delete the phrase, “or understanding and coping with the stressors of the person’s disability (e.g. support groups)” from the end of the paragraph.

REPLACE PAGE: 82

Section II. D. 5. Therapeutic Foster Care Services:

1. Amend the qualifications under “Provider of Services to Children” as follows:
  - Be a DES licensed professional foster care home (R6-5-5850); or
  - Be licensed by federally recognized Indian Tribes that attest to CMS (via AHCCCS) that they meet equivalent requirements.
2. Amend the qualifications under “Provider of Services to Adults” as follows:
  - Be an OBHL licensed Adult Therapeutic Foster Home (R9-20-1501 *et seq.*); or
  - Be licensed by federally recognized Indian Tribes that attest to CMS (via AHCCCS) that they meet equivalent requirements.

REPLACE PAGES: 85 – 87

Section II. D. 10. Transportation:

1. Add the following provider type to service code S0209, Wheelchair van mileage, per mile: Level I Psychiatric Hospital (71).
2. Delete the following provider types from service code T2049, Non-emergency transportation; stretcher van, mileage; per mile: Habilitation Provider (39); Outpatient clinic (77); Level I Residential Treatment Center (non-IMD) (78); Community Service Agency (A3); Rural Substance Abuse Transitional Center (A6); Level I Residential Treatment Center – Secure (IMD) (B1); Level I Residential Treatment Center – Non-Secure (non-IMD) (B2); and Level I Residential Treatment Center – Non-Secure (IMD) (B3).

REPLACE PAGES: 102 – 106

Section II. E. 1. Crisis Intervention Services (Mobile)

1. Under Service Standards/Provider Qualifications, restate the first bullet item as, “Individuals providing this service have a means of communication, such as a cellular phone, pager, or radio for dispatch, that is available at all times.”

REPLACE PAGE: 109

Appendix B-2. ADHS/DBHS Allowable Procedure Code Matrix:

1. Add the following pre-HIPAA subvention codes to cover encounters submitted with dates of service prior to 9/30/2003: S2000 (Room and Board), S2015 (Supportive Housing Assistance), S6000 (Flex Funded Services), S6001 (Native American Traditional Healing Services-15 min.), S7001 (Interpreter Services to Assist Clients), S9000 (Auricular Acupuncture).
2. Add the following pre-HIPAA for provider types 85 (Licensed Clinical Social Worker), 86 (Licensed Marriage/Family Therapist), 87 (Licensed Professional Counselor) to cover encounters submitted with dates of service prior to 9/30/2003: 90801, 90802, 90804, 90806, 90808, 90810, 90812, 90814, 90816, 90818, 90821, 90823, 90826, 90828, 90846, 90847, 90849, 90853, 90857, 90875, 90876, 90882, 90885, 90887, 90889, 90901, 99361, 99362, 99371, 99372, 99373.
3. Amend allowable units from 1 to 4 for service code J2680 (Injection, fluphenazine decanoate, up to 25 mg.).
4. Add indicator to Telemedicine/Non-registered ID column for service code Z3620 (Urban non-emergency transport, coach van, per mile) to indicate that the service can be provided to persons whose identity is unknown by using an appropriate pseudo-identification number.
5. Remove service code G0001 (Routine venipuncture for collection of specimen(s)), effective 12/31/04.
6. Add service code 36415 (Collection of venous blood by venipuncture), effective 01/01/05.

REPLACE APPENDIX B-2

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For persons maintaining a hard copy of the ADHS/DBHS Covered Behavioral Health Services Guide:

**Summary of Replacement Appendices and Page Numbers**

Section	Replace
Covered Services Guide	Pages 1-3, 37-49, 69-70, 76, 82, 85-87, 102-106, 109
Appendix B-2	Entire Appendix